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FAMILY VIOLENCE

RESEARCH AND CLINICAL IMPLICATIONS

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Family Violence

Research and Clinical Implications

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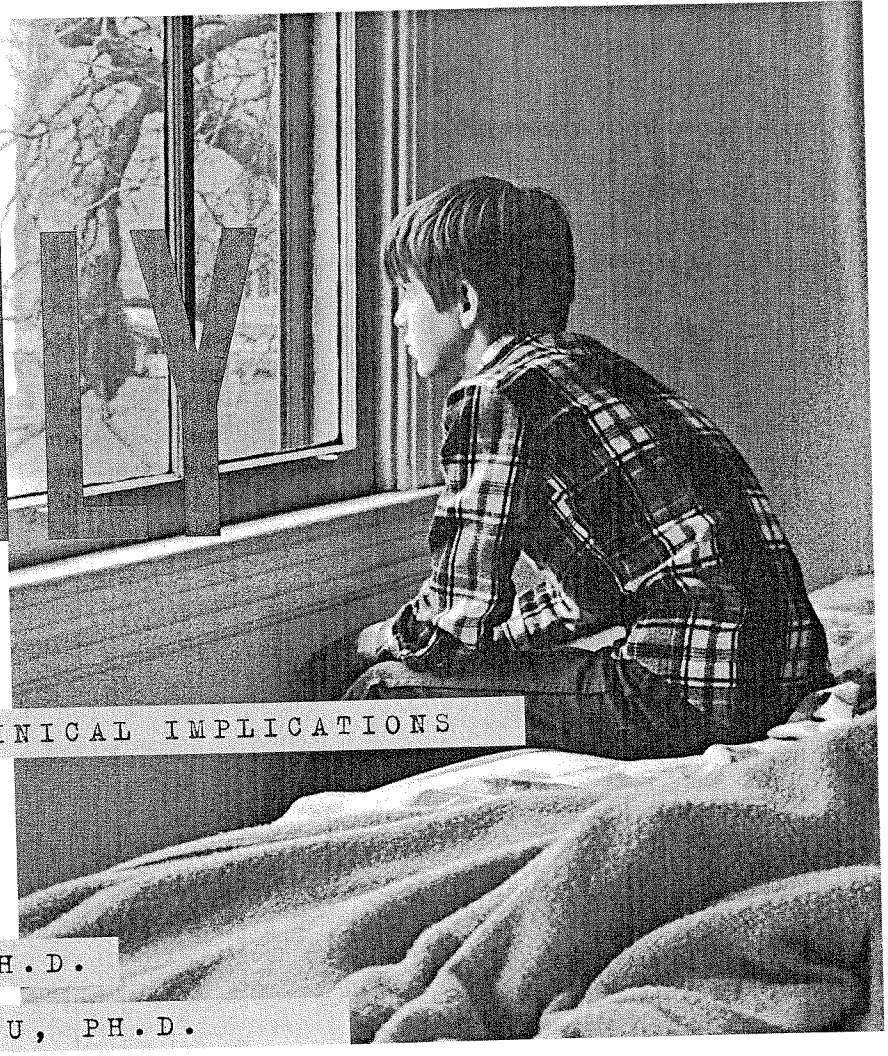
FAMILY VIOLENCE



RESEARCH AND CLINICAL IMPLICATIONS

BY VALERIE STANDER, PH.D.
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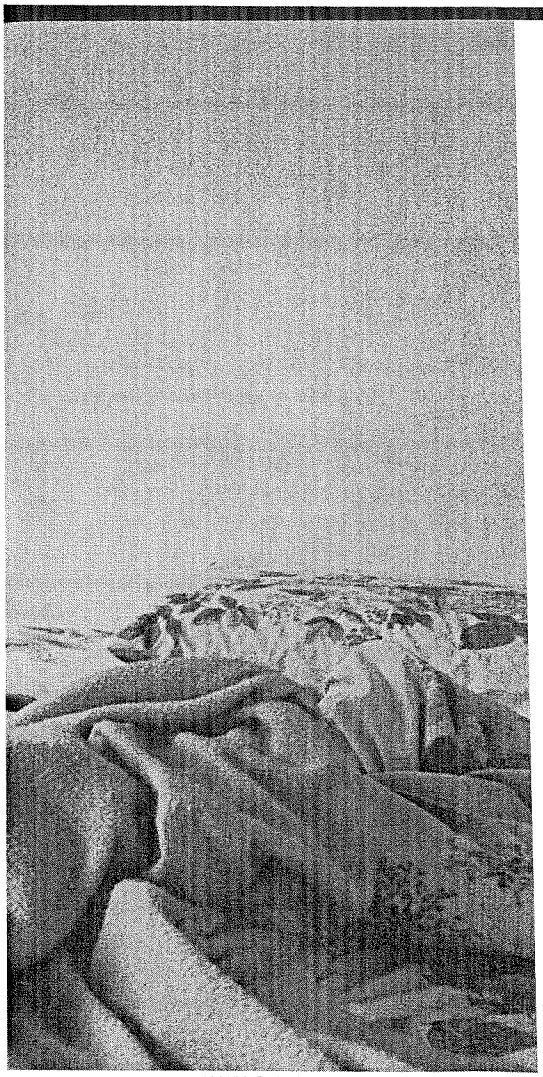
AMERICANS HAVE A SUBSTANTIAL PERSONAL AND FINANCIAL investment in their armed services. For example, for fiscal year 2003 the Department of Defense (DoD) budget was 364.6 billion dollars, which includes funding for about 1.5 million active duty military personnel (U.S. Department of Defense, 2003a, 2003b). In terms of number of personnel, DoD is by far the largest and most expensive branch of the government in the United States. Additionally, 25 million Americans have served in the armed forces; a larger number have relatives who are either veterans or who are presently serving in the military (Richardson & Waldrop, 2003; Stander & Merrill, 2000). Because of this, incidents of violence among military families frequently attract public attention, and the public holds the DoD accountable for the way it responds to internal problems and supports the well-being of military personnel and their approximately 2 million spouses and dependents (Associated Press, 2002; Thompson, 1997).



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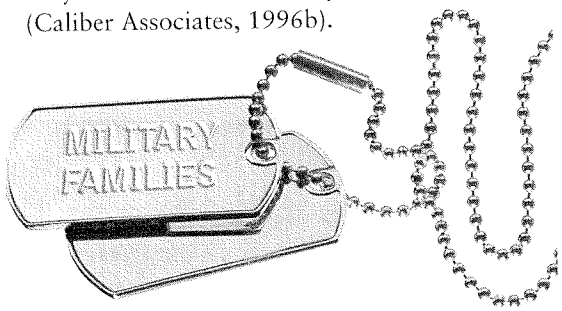
Furthermore, some have questioned whether professional training in the use of force and a high risk of exposure to violence at work may increase the likelihood of abuse and violence in personal relationships (Allen, 2000). However, most military personnel are in support occupations rather than training for active combat, and there is little empirical evidence for the theory that a military profession is a risk factor for family violence (Acord, 1977; Dubanoski & McIntosh, 1984; Heyman & Neidig, 1999). At the present time there has not been adequate research conducted to empirically identify the most important risk factors for family violence within the military. However, there are challenges and stressors inherent in the military lifestyle that might put military families at risk. The following list summarizes some of these challenges and stressors (Chamberlain, Stander, & Merrill, 2003).

1. Geographic mobility separates and isolates military personnel from extended family and friends. It also forces families to repeatedly reestablish personal contacts and resources.
2. Although research evidence does not suggest a relationship between deployment and family violence, deployments can be very stressful for military families (McCarroll et al., 2003). Spouses left behind by deployed personnel may experience loneliness, as well as difficulty making family decisions, handling family finances, and managing child discipline. Additional research is needed to explore the impact of deployment stress on military families and to evaluate whether there are unique impacts of military deployments in comparison with periods of separation that might be experienced by civilian families.
3. Military families living outside the U.S. may be even more vulnerable. Among personnel living off base in a foreign country, it may be more likely for family violence to go unnoticed and unreported. Furthermore, military family members may perceive fewer resources in the event they need to seek help.
4. Most military personnel are young adults, which in itself is a risk factor for family violence (McCarroll et al., 2003; Mollerstrom, Patchner, & Milner, 1995; Raiha & Soma, 1997; Rosen et al., 2002). Enlisted personnel, in particular, include high percentages of young married couples and young parents.
5. The likelihood of family violence among military families has been associated with rank. Officers are underrepresented among cases of family violence and abuse. This may be partially due to demographic differences such as age. Abuse among officers' families may also be underreported as is likely among civilian middle and upper class families.
6. Because the U.S. has an all-volunteer military force, further research is needed to determine if self-selection may lead to a higher risk of family violence.

Several studies of spousal violence among military families have been conducted. For instance, for the years 1991 to 1995, substantiated cases of spousal abuse occurred among 1.1% to 1.4% of personnel across the military services (Caliber Associates, 1996a, 1996b). As expected, self-report surveys of representative groups of military personnel have produced higher prevalence rates. These have generally used a version of Straus' Conflict Tactics Scale (CTS) to assess spousal violence (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). For instance, an Army survey compared rates of spousal violence with rates for civilians after adjusting for age, gender, and racial differences and found a somewhat higher incidence of severe violence among U.S. Army personnel (Army: men = 2.5%, women = 4.4%; Civilian: men = .7%, women = 2.0%) (Heyman & Neidig, 1999). Findings have been somewhat different comparing the military services. For example, a review of spousal abuse in the armed forces reported a rate for moderate and severe spousal violence of 11.1% among active duty males in the U.S. Air Force, in contrast to a rate of 22.8% for active duty males in the Army (Caliber Associates, 1996b).



Very little research has been done on child abuse in military families (Chamberlain et al., 2003). In fact, at present there are no published studies that have collected data on child abuse among representative groups of personnel. Essentially all of the research that has been completed has utilized data on substantiated cases of child abuse from military central registries. These studies have found lower rates of substantiated abuse among military (2.5 to 7.7 per 1,000) than among civilian families (9.7 to 16 per 1,000) (James, Furukawa, James, & Mangelsdorff, 1984; McCaroll et al., 1999; Mollerstrom et al., 1995; Raiha & Soma, 1997).

Because so little research has been done on child abuse in the military, it is not possible to evaluate why existing studies have found lower rates of abuse among military families. However, there are a number of protective factors that might reduce rates of abuse among military families. These protective factors

include the following (Chamberlain et al., 2003; Raiha & Soma, 1997):

1. By definition, there is full employment in the military. Many social and economic burdens related to unemployment do not exist in the services.
2. Every military family includes at least one member who has met military screening requirements and functions adequately in the demanding and disciplined military work environment.
3. The military has initiated a number of programs and services to counterbalance the stresses that come with military life. These include: services and sponsorship to assist families during geographic relocation, military day care centers, comprehensive medical care, mental health services, marital and family counseling, parent training classes, no-cost legal assistance, and financial planning services. Additionally, military chaplains are an invaluable asset in terms of counseling military personnel on a variety of issues and as key points of referral to other programs and services.
4. All branches of the U.S. military are required by the DoD to maintain a Family Advocacy Program with primary responsibility for investigating reports of family violence among military families and providing treatment services (U.S. Department of Defense, 1992).
5. The organizational structure of the military facilitates addressing the problem of family violence. Military support personnel are required to report not only suspected cases of child abuse, but also spousal violence through Family Advocacy Programs. In substantiated cases of abuse, Family Advocacy has the support of commanding officers to ensure that military members comply with treatment protocols. Within the military community it is also easier to coordinate the efforts of professionals, including law enforcement and healthcare workers, to address cases of family violence.

Clinical Implications

In most ways, working with military families regarding issues of family violence is similar to working with civilian families. However, when a service member has individual issues that contribute to the problem, such as a psychiatric diagnosis that requires medication, clinicians should consider whether this might impact his/her duty status. It is important that persons serving in the military are able to perform their jobs adequately for the protection of the individual and the military. If there is serious impairment, the military system needs to be involved. Because a civilian provider is still governed by the same rules of confidentiality as they are in any other case, they cannot directly notify the military unless there is imminent danger to self or others. Clinicians should, however, encourage service members to access treatment through the military system for issues that may be better managed by professionals who have experience counseling military personnel.

Sometimes family violence is not an immediate problem, but clinicians may be concerned that a poor balance of stress and coping resources places a family at risk. Clinicians should be aware of the numerous free support services available to military families and encourage clients to make use of them. They range from financial and legal aid to childcare and individual or family counseling. In particular, there are a variety of educational programs for families. For instance, the New Parent Support Program is available in all of the services, including education and in some cases home visits after the birth of a child.

When making referrals where family violence is an issue, it is important to recognize that military support service personnel have different reporting requirements than do civilian providers. If a family engaging in child abuse were referred to any military program, that program would have an obligation to report the referral to the command and to the Family Advocacy Program. Throughout most of the military, there is also a mandatory requirement to report spousal violence. The Navy does have a discretionary policy regarding spouse or partner violence. If a victim comes to mental health services or a fleet family support center and discloses that he or she is a victim of domestic violence, the clinician is not mandated to report if the victim does not want him or her to, if there is no injury; if there is no history of major physical injury; and the person is capable of responding self-protectively (U.S. Department of the Navy, 1996).

The career consequences of a report of family violence depend on the extent and the seriousness of the problem. Service personnel are frequently concerned that a report will become part of their permanent military record. Family Advocacy Programs do not make a record of the reports they receive in the permanent personnel file of a military member. They do maintain information regarding cases of family violence in a central registry, as do all state child protective service agencies. Commanding officers may record information regarding family violence in a military mem-

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ber's personnel file, but this is only likely to occur if the problem impacts the person's military performance. For example, there are times when it is necessary to keep a family in a particular place or location and personnel cannot accept new assignments. A multidisciplinary team under the direction of the Family Advocacy Program manages every confirmed case of family violence. The management team decides on a case-by-case basis if a service member should be held back from deploying or to being reassigned during treatment or evaluation.

In serious cases where service members are convicted of a criminal offense or do not complete or comply with treatment, they can be discharged. This possibility may make some family members hesitant to report family violence. Clinicians should know that there is a program of transitional compensation if the service member is discharged for a dependent abuse offense. There is assistance available for victims if the service member is ultimately discharged because they came forward.

Clinicians that have questions about the best way to handle a particular situation with a military family have a number of information resources. For advice about how to handle family violence, clinicians can call the family advocacy program representative at the nearest installation. Clinicians can locate family advocacy programs and family service centers at http://mfrc.calib.com/progDir/. ○

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Incidents of violence among military families frequently attract public attention, and the public holds the Department of Defense accountable for the way it responds to such internal problems and supports the well being of military personnel and their spouses and dependents. Furthermore, some have questioned whether professional training in the use of force and a high risk of exposure to violence at work may increase the likelihood of abuse and violence in personal relationships. However, most military personnel are in support occupations rather than training for active combat, and there is little empirical evidence for the theory that a military profession causes family violence. This article summarizes available research on family violence within the military and describes the risk and protective factors in the military community that might influence rates of family violence. It discusses factors that civilian practitioners should be aware of when working with military families when violence is an issue.

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